



PTO/SB/80 (11-04)

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

27367

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

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<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
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Assignee Name and Address:

Rosemount Inc.
12001 Technology Drive
Eden Prairie, MN 55344

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	December 2, 2005
Name	Theodore R. Plunkett	Telephone	
Title	Assistant General Counsel		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named
Inventor : Evren Eryurek

Appln. No.: 10/801,073

Filed : March 15, 2004

For : PRESSURE TRANSMITTER WITH
DIAGNOSTICS

Docket No.: R11.12-0822

Group Art Unit: 2857

Examiner: P. Huynh

STATEMENT UNDER 37 C.F.R. § 3.73(b)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I HEREBY CERTIFY THAT THIS PAPER IS BEING
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COMMISSIONER FOR PATENTS, P.O. BOX 1450,
ALEXANDRIA, VA 22313-1450, THIS

20 DAY OF April, 2006

PATENT ATTORNEY

Sir:

Rosemount Inc., a Minnesota Corporation, is the owner of
the entire right, title and interest in the patent application
identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent
application identified above. The assignment was
recorded in the Patent and Trademark Office at Reel
015649, Frame 0989, or a copy of which is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent
application identified above, to the current assignee
as shown below:

1. From: _____ To: _____
The document was recorded in the Patent and
Trademark Office at Reel _____,
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2. From: _____ To: _____
The document was recorded in the Patent and
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Frame _____, or a copy of which is
attached.

The undersigned (whose title is supplied below) is empowered to act on behalf of the assignee.

Signature: _____

Dated: _____

Name : Judson K. Champlin

TITLE: Attorney of Record